

County of MINNEAPOLIS

Division of Vital Statistics

RECORD OF BIRTH

Reg. District No. _____ No. in Registration Book. _____
 (above numbers to be filed in copy to local registrar or his deputy)
 No. 4633 First Act. No. 29 in 13 years
 ALL NAME Baby Erwin (if child is not yet named, make preliminary report as directed)
 CHILD _____

Sex <u>Female</u>	White, physical condition _____ (for use covered only in event of placenta delivery)	No. in order of birth _____	Legit. <u>yes</u>	Date of birth <u>1-24-19</u> (Day) (Month) (Year)
FATHER <u>Albert James Erwin</u>		MOTHER <u>Sarah E. Case</u>		
PORT OFFICE ADDRESS <u>4633-1st Ave. So.</u>		PORT OFFICE ADDRESS <u>4633-1st Ave. So.</u>		
Color <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	Color <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	
BIRTHPLACE <u>St. Peter, Minn.</u>		BIRTHPLACE <u>Deer Creek, Minn.</u>		
OCCUPATION <u>R.R. Clerk</u>		OCCUPATION <u>Housewife</u>		
Number of children born to the mother, surviving present birth. <u>2</u>		Number of children of the mother the baby _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 2 P. M.
 on the date above stated,
 (Name in full)
S. C. Schmitt, M.D.
 Signature _____
 PHYSICIAN, MIDWIFE, OR NURSE OR REPORTER
 (Please print name which is not signed)
 Address 311 - 7th Street
 Given name added from a register _____
 Signature _____
 REGISTRAR
 Filed JAN 27 1919
 Address _____

STATE OF MINNESOTA) SS
 COUNTY OF HENNEPIN)

I hereby certify that the above is a true and correct copy of the official record on file with the Section of Vital Statistics Registration of the Minnesota Department of Health.

Dated at Minneapolis

Frank L. King
 State Registrar
 Minnesota Department of Health

December 31, 1991

NOT VALID WITHOUT IMPRESSED SEAL